

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature X <i>CCHL</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received By (Printed Name) <i>CCHL</i>	C. Date of Delivery <i>3/7/06</i>
1. Article Addressed to:  <i>RICHARD BOHANNON</i> <i>374-617</i> <i>CHILLICOTHE CORR INST</i> <i>P.O. BOX 5500</i> <i>CHILLICOTHE, OH 45601</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7002 0860 0000 1409 0715	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-0835	